

INTERNSHIP TRAINING AFFIDAVIT

Authority: Public Act 368 of 1978, as amended.
 If this form is not completed, certification will not be issued.

SECTION I - APPLICANT INFORMATION

Instructions: Complete Section I. Type or print your name exactly as it appears on your application. Print this form and then for completion of Section II, send this form to the Pharmacist Preceptor who supervised your internship. This certification must be submitted directly to the Michigan Board of Pharmacy by the Preceptor.

INTERN INFORMATION

First Name:	Middle Name:	Last Name:
Street Address:		Apt/Bldg#:
City:	State:	Zip Code:
Michigan Permanent I.D./License Number and Expiration Date:		

SECTION II

SITE INFORMATION

Site Name:		
Street Address:		
City:	State:	Zip Code:

PRECEPTOR INFORMATION

Preceptor Name:
Michigan Permanent I.D.# and Expiration Date:

PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Internship

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only

Externship

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only

Total Approved Hours	
Approved By	

Full Name: _____

The Board of Pharmacy required that interns receive professional and practical experience in all the following areas:

Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

AREA OF TRAINING	APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING	IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO)
Pharmacy Administration & Management		
Drug Distribution, Use & Control		
Legal Requirements		
Providing Health Information & Advising Patients		
Pharmacists' Ethical & Professional Responsibilities		
Drug & Product Information		
Other Internship Activities (List Below):		
TOTAL	100%	

I certify that the information provided above accurately reflects the internship experience gained during this reporting period.

Signature of Preceptor _____ Signature of Intern _____